

Family PACT: Billing Code List – Primary Core Codes, Family Planning Method

familypact19

1

This section of the Family PACT: Billing Code List identifies the procedure codes used to bill for primary family planning method-specific services (see the *Family PACT: Core Services Overview [familypact11]* section of this manual). Primary core codes are billed with the appropriate Family PACT primary diagnosis, or “S,” codes, which are listed in the *Family PACT – Diagnosis Codes [familypact15]* section of this manual.

The reproductive health services of Family PACT are designed to support family planning methods for women and men as gender appropriate to assist individuals in management of the risk for pregnancy or the risk for causing pregnancy. Family planning method management is the main purpose of each visit, but services include assistance with related reproductive health conditions as outlined in this manual.

Core Services Overview

Refer to the *Family PACT: Core Services Overview [familypact11]* section of this manual for details about the following:

- Primary family planning method-specific services
- Method-specific services, including pre-selected Sexually Transmitted Infection (STI) and Urinary Tract Infection (UTI) testing
- Drugs and supplies
- Family PACT Pharmacy Formulary

Billing Instructions

The “S” diagnosis code is reported as the primary diagnosis in the *Diagnosis or Nature of Illness or Injury* field (Box 21.1) on the *HCFA 1500* claim form and in the *Principal Diagnosis Code* field (Box 67) on the *UB-92 Claim Form*. For additional claim completion information refer to the *Family PACT: Claim Form Completion [familypact28 – 33]* sections in this manual.

“By Report” Billing of Human Papillomavirus Screening

Human Papillomavirus (HPV) screening claims must include an attached cytology report of Atypical Squamous Cell of Undetermined Etiology (ASCUS) or Low-grade Squamous Intra-epithelial Lesion (LSIL).

**Oral Contraception
(S101, S102)**

Oral contraception services are billed with Family PACT primary diagnosis code S101 or S102 and the following pre-selected procedure codes, as appropriate.

Procedures**HCPCS**

<u>Code</u>	<u>Description</u>
-------------	--------------------

Z5218	Collection and handling of blood specimen (when only service rendered)
-------	---

Z5220	Collection and handling of blood specimen (when other services rendered)
-------	---

Supplies

No supply services are covered for this core code.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

HCPCS codes: Z9750 – Z9754 (Refer to the *Family PACT: Office Visits – Evaluation & Management and Education & Counseling [familypact17]* section of this manual for code descriptions.)

Facility Use

A Family PACT provider must have the appropriate Category of Service (COS) to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
-------------	--------------------

Z7500	Use of hospital examining or treatment room
-------	---

Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	80061	Lipid panel (only if elevated screening cholesterol or multiple significant risk factors for cardiovascular disease)
	80076	Hepatic function panel
	81000	Urinalysis (dip stick with microscopy)
	81001	Urinalysis (automated with microscopy)
	81002	Urinalysis (non-automated without microscopy)
	81003	Urinalysis automated (without microscopy)
	81015	Urine microscopic
	81025	Urine pregnancy test
	82465	Cholesterol
	82947	Glucose
	82951	Two-hour Glucose Tolerance Test (GTT) Only if history of abnormal fasting blood sugar screen at or above 115 g/dl
	83001	FSH; restricted to women 40-years-old or older for confirmation of pre-menopausal status.
	83002	LH; restricted to women 40-years-old or older for confirmation of pre-menopausal status.
	84146	Prolactin
	86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86689	HIV Confirmation
	86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86703	HIV-I and HIV-II single assay
	86704	Hepatitis B core antibody (HBcAb)
	87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
	87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.

<u>CPT-4 Code</u>	<u>Description</u>
87270	Chlamydia DFA
87285	Treponema DFA
87320	Chlamydia EIA
87340	Hepatitis B surface antigen (HBsAg)
87490	Deoxyribonucleic Acid (DNA) probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.
88150, 88141	Pap
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.

<u>CPT-4 Code</u>	<u>Description</u>
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision.
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision.
88167	Pap (the Bethesda System) with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Oral Contraceptives: Progestin Only	Norethindrone	Tablets	0.35 mg	X7706	Ea. Cycle
	Norgestrel	Tablets	0.075 mg	X7706	Ea. Cycle
Oral Contraceptives: Monophasic	Desogestrel/Ethinyl Estradiol	Tablets	0.15 mg/30 mcg	X7706	Ea. Cycle
	Ethinodiol Diacetate/ Ethinyl Estradiol	Tablets	1 mg/35 mcg	X7706	Ea. Cycle
			1 mg/50 mcg	X7706	Ea. Cycle
	Levonorgestrel/Ethinyl Estradiol	Tablets	0.1 mg/20 mcg	X7706	Ea. Cycle
			0.15 mg/30 mcg	X7706	Ea. Cycle
	Norethindrone/Ethinyl Estradiol	Tablets	0.4 mg/35 mcg	X7706	Ea. Cycle
			0.5 mg/35 mcg	X7706	Ea. Cycle
			1 mg/35 mcg	X7706	Ea. Cycle
			1 mg/50 mcg	X7706	Ea. Cycle
	Norethindrone Acetate/ Ethinyl Estradiol	Tablets	1 mg/20 mcg	X7706	Ea. Cycle
			1.5 mg/30 mcg	X7706	Ea. Cycle
	Norethindrone/Mestranol	Tablets	1 mg/50 mcg	X7706	Ea. Cycle
	Norgestimate/Ethinyl Estradiol	Tablets	0.25 mg/35 mcg	X7706	Ea. Cycle
	Norgestrel/Ethinyl Estradiol	Tablets	0.3 mg/30 mcg	X7706	Ea. Cycle
			0.5 mg/50 mcg	X7706	Ea. Cycle
Oral Contraceptives: Biphasic	Desogestrel/Ethinyl Estradiol	Tables	0.15 mg/0.02 mg 0.01 mg	X7706	Ea. Cycle
Oral Contraceptives: Triphasic	Levonorgestrel/Ethinyl Estradiol	Tablets	6-5-10 0.05mg/30mcg 0.75mg/40mcg 0.125mg/30mcg	X7706	Ea. Cycle
	Norethindrone/Ethinyl Estradiol	Tablets	7-7-7 0.5mg/35mcg 0.75mg/35mcg 1mg/35mcg	X7706	Ea. Cycle
			7-9-5 0.5mg/35mcg 1mg/35mcg 0.5mg/35mcg	X7706	Ea. Cycle
	Norgestimate/Ethinyl Estradiol	Tablets	7-7-7 0.18mg/35mcg 0.215mg/35mcg 0.25mg/35mcg	X7706	Ea. Cycle
	Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate	Tablets	5-7-9 1mg/20mcg	X7706	Ea. Cycle

			1mg/30mcg 1mg/35mcg		
--	--	--	------------------------	--	--

Note: Up to a one year supply of oral contraceptives may be dispensed, as appropriate.

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Other Drugs	Levonorgestrel/ Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg/0.05mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (Ea.)
	Estrogens, Conjugated	Tablets	0.3 mg	Z7610	Ea. Tablet
			0.625 mg	Z7610	Ea. Tablet
			0.9 mg	Z7610	Ea. Tablet
			1.25 mg	Z7610	Ea. Tablet
			2.5 mg	Z7610	Ea. Tablet
	Ethinyl Estradiol	Tablets	0.02 mg	Z7610	Ea. Tablet
			0.05 mg	Z7610	Ea. Tablet
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual for additional information.				

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Note: Up to a one year supply of oral contraceptives may be dispensed, as appropriate.

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.

Note: Medi-Cal billing policies and procedures, including modifiers, apply when billing for Family PACT procedures.

**Contraceptive Injections
(S201, S202)**

Bill with Family PACT primary diagnosis code S201 or S202.

Depo-Provera (DMPA) core procedures are billed with the following CPT-4 or HCPCS procedure codes.

Note: DMPA re-injection interval is a minimum of every 70 days for Family PACT.

The interval for code X6051 remains at a minimum of 80 days for Medi-Cal recipients.

Procedures**HCPCS**

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Supplies

No supply services are covered for this core code.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

HCPCS codes: Z9750 – Z9754

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room

Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	80076	Hepatic function panel
	81000	Urinalysis (dipstick with microscopy)
	81001	Urinalysis (automated with microscopy)
	81002	Urinalysis (non-automated without microscopy)
	81003	Urinalysis (automated without microscopy)
	81015	Urine microscopic
	81025	Urine pregnancy test
	82947	Glucose
	82951	Two-hour Glucose Tolerance Test (GTT) only if history of abnormal fasting blood sugar screen at or above 115 g/dl
	83001	FSH; restricted to women 40-years-old or older for confirmation of pre-menopausal status.
	83002	LH; restricted to women 40-years-old or older for confirmation of pre-menopausal status
	84146	Prolactin
	86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic. 86689 HIV Confirmation
	86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86703	HIV-I and HIV-II, single assay
	86704	Hepatitis B core antibody (HBcAb)
	87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
	87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.

CPT-4 <u>Code</u>	<u>Description</u>
87270	Chlamydia DFA
87285	Treponema DFA
87320	Chlamydia EIA
87340	Hepatitis B surface antigen (HBsAg)
87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.

<u>CPT-4 Code</u>	<u>Description</u>
88150, 88141	Pap
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Injections	Medroxyprogesterone Acetate	Injections	150 mg	X6051	Ea.
Other Drugs	Levonorgestrel, Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg/0.05 mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (Ea.)
	Estrogens, Conjugated	Tablets	0.3 mg	Z7610	Ea. Tablet
			0.625 mg	Z7610	Ea. Tablet
			0.9 mg	Z7610	Ea. Tablet
			1.25 mg	Z7610	Ea. Tablet
			2.5 mg	Z7610	Ea. Tablet
	Ethinyl Estradiol	Tablets	0.02 mg	Z7610	Ea. Tablet
			0.05 mg	Z7610	Ea. Tablet
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual, for more information.				

* Restricted to a maximum quantity of one unit per dispensing month with a maximum of three units in any 12-month period.

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.

**Implant
(S301, S302)**

Bill with Family PACT primary diagnosis code S301 or S302.

Implant core procedures are billed with the following CPT-4 or HCPCS procedure codes.

Procedures

CPT-4	
<u>Code</u>	<u>Description</u>
11975	Insertion of Implant
11976	Removal
11977	Removal/Insertion

HCPCS	
<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Supplies

CPT-4	
<u>Code/Modifier</u>	<u>Description</u>
11976-ZM	Removal supplies

Note: For information about Norplant, see the *Family PACT: Drug and Supplies List [familypact22]* section in this manual.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Note: These codes are reimbursable on the same day as codes 11975, 11976 and 11977.

HCPCS codes: Z9750 – Z9754

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS	
<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room

Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	80076	Hepatic function panel
	81000	Urinalysis (dipstick with microscopy)
	81001	Urinalysis (automated with microscopy)
	81002	Urinalysis (non-automated without microscopy)
	81003	Urinalysis (automated without microscopy)
	81015	Urine microscopic
	81025	Urine Pregnancy Test
	82947	Glucose
	83001	FSH; restricted to women 40-years-old or older for confirmation of pre-menopausal status
	83002	LH; restricted to women 40-years-old or older for confirmation of pre-menopausal status
	84146	Prolactin
	86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86689	HIV Confirmation
	86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86703	HIV-I and HIV-II, single assay
	86704	Hepatitis B core antibody (HBcAb)
	87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
	87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87270	Chlamydia DFA
	87285	Treponema DFA
	87320	Chlamydia EIA
	87340	Hepatitis B surface antigen (HBsAg)
	87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.

<u>CPT-4 Code</u>	<u>Description</u>
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.
88150, 88141	Pap
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision

<u>CPT-4 Code</u>	<u>Description</u>
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision.
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision.
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Implants	Levonorgestrel			X1520	Ea.
Other Drugs	Levonorgestrel, Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg/0.05mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (ea)
	Estrogens, Conjugated	Tablets	0.3 mg	Z7610	Ea. Tablet
			0.625 mg	Z7610	Ea. Tablet
			0.9 mg	Z7610	Ea. Tablet
			1.25 mg	Z7610	Ea. Tablet
			2.5 mg	Z7610	Ea. Tablet
	Ethinyl Estradiol	Tablets	0.02 mg	Z7610	Ea. Tablet
			0.05 mg	Z7610	Ea. Tablet
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familyfact22]</i> section in this manual for more information.				

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12 month period.

Pharmacy

See the *Family PACT: Pharmacy Procedures [familyfact41]* section in this manual for the Family PACT Pharmacy Formulary.

**Intrauterine Contraceptives
(S401, S402)**

Bill with Family PACT primary diagnosis code S401 or S402.

Intrauterine Contraceptives core procedures are billed with the following CPT-4 or HCPCS procedure codes.

Procedures

CPT-4
Code Description

58300 Insertion

58301 Removal

HCPCS
Code Description

Z5218 Collection and handling of blood specimen (when only service is rendered)

Z5220 Collection and handling of blood specimen (when other services are rendered)

Supplies

CPT-4
Code/Modifier Description

58300-ZM Insertion supplies

58301-ZM Removal supplies

Note: For information about IUDs, see the *Family PACT: Drug and Supplies List [familypact22]* section in this manual.

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214

Note: These codes are reimbursable on the same day as code 58300 or 58301.

HCPCS codes: Z9750 – Z9754

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
-------------	--------------------

Z7500	Use of hospital examining or treatment room
-------	---

Laboratory

CPT-4

<u>Code</u>	<u>Description</u>
-------------	--------------------

81000	Urinalysis (dipstick with microscopy)
81001	Urinalysis (automated with microscopy)
81002	Urinalysis (non-automated without microscopy)
81003	Urinalysis (automated without microscopy)
81015	Urine microscopic
81025	Urine Pregnancy Test
85013,	Hematocrit
85014	
85018	Hemoglobin
86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
86689	HIV Confirmation
86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
86703	HIV-I and HIV-II, single assay
86704	Hepatitis B core antibody (HBcAb)
87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.

<u>CPT-4 Code</u>	<u>Description</u>
87270	Chlamydia DFA
87285	Treponema DFA
87320	Chlamydia EIA
87340	Hepatitis B surface antigen (HBsAg)
87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.
88150, 88141	Pap
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.

<u>CPT-4 Code</u>	<u>Description</u>
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.88154 Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision.
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision.
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Intrauterine Contraceptives	ParaGard IUD			X1522	Ea.
	Intrauterine Device			X1512	Ea.
	Progestrone IUD			X1514	Ea.
Other Drugs	Levonorgestrel, Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg/0.05 mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (ea)
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual for more information.				

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12 month period.

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.

Barrier/Fertility Awareness Methods (FAM), Lactation Awareness Method (LAM) (S501, S502)

Bill with Family PACT primary diagnosis code S501 or S502. Barrier/FAM core procedures are billed with the following CPT-4 or HCPCS procedure codes.

Note: Laboratory services for males are limited to testing for STI/HIV.

Procedures

<u>CPT-4 Code</u>	<u>Description</u>
57170	Diaphragm/cervical cap fitting
Z5218	Collection and handling of blood specimen (when only service rendered) <i>(for females and males)</i>
Z5220	Collection and handling of blood specimen (when other services rendered) <i>(for females and males)</i>

Supplies

For information about contraceptive supplies, including FAM supplies for females and males. See the *Family PACT: Drug and Supply List [familypact22]* section in this manual for more information.

Office Visit Codes

CPT-4 codes for females: 99201 – 99204, 99211 – 99214
HCPCS codes for females: Z9750 – Z9754

CPT-4 codes for males: 99201, 99211, 99212, 99213
HCPCS codes for males: Z9750 – Z9754

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

<u>CPT-4 Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room <i>(can be used for male patients)</i>

Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	81000	Urinalysis (dipstick with microscopy)
	81001	Urinalysis (automated with microscopy)
	81002	Urinalysis (non-automated without microscopy)
	81003	Urinalysis (automated without microscopy)
	81015	Urine microscopic
	81025	Urine Pregnancy Test
	86592	VDRL, RPR Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic
	86689	HIV Confirmation <i>(for males and females)</i>
	86701	HIV-I Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic <i>(for males and females)</i>
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic. <i>(for males and females)</i>
	86703	HIV-I and HIV-II, single assay <i>(for males and females)</i>
	86704	Hepatitis B core antibody (HBcAb)
	87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
	87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87270	Chlamydia DFA
	87285	Treponema DFA
	87320	Chlamydia EIA
	87340	Hepatitis B surface antigen (HBsAg)

<u>CPT-4 Code</u>	<u>Description</u>
87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.
88150, 88141	Pap
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

<u>CPT-4 Code</u>	<u>Description</u>
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision.
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision.
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Barriers	Diaphragm			X1500	Visit
	Cervical Cap			X1500	Visit
	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other Drugs	Levonorgestrel, Ethinyl Estradiol and Urine Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg/0.05 mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (ea)
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual for more information.				

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary. It includes contraceptive supplies. Males are eligible for pharmacy services specific to this Family Planning Method.

**Pregnancy Testing
(S601, S602)**

Bill with Family PACT primary diagnosis code S601 or S602.

Pregnancy test procedures are billed with the following CPT-4 or HCPCS procedure codes.

Note: If the client chooses no family planning method, bill the pregnancy test visit using the primary diagnosis code of either S601 or S602.

If the client chooses a family planning method, bill the visit and the pregnancy test using the primary diagnosis of the client's method. For example, if a client leaves the clinic with Oral Contraceptives (OC), bill the visit and the pregnancy test using the primary diagnosis of S101.

Procedures

No procedure services are covered for this core code.

Supplies

No supply services are covered for this core code.

Office Visit Codes

CPT-4 codes: 99201, 99202, 99211, 99212
HCPCS codes: Z9750 – Z9754

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room

Laboratory

<u>CPT-4 Code</u>	<u>Description</u>
81025	Urine pregnancy test

Drugs and Supplies

No drugs and supplies are covered for this core code.

Pharmacy

No pharmacy services are covered for this core code.

**Tubal Ligation
(S701, S702)**

Bill with Family PACT primary diagnosis code S701 or S702.

Tubal ligation procedures are billed with the following CPT-4 or HCPCS procedure codes.

The following policies apply to these procedures. These policies differ from Medi-Cal policies:

- The woman must be 18 years old or older.
- The woman must sign a sterilization *Consent Form* (PM 284) within a time period of not more than 180 days or less than 72 hours (three [3] days) before the procedure.
- Providers must document in the *Reserved For Local Use* field (Box 19) of the *HCFA 1500* or in the *Remarks* area (Box 84) of the *UB-92 Claim Form* that the PM 284 was completed and report the date that the recipient signed the consent form. The PM 284 is the only consent form used for the Family PACT Program.
- All provider claims for sterilization services must include consent information on the claim; do not attach the consent form.

Procedures

<u>CPT-4 Code</u>	<u>Description</u>
58670	Laparoscopy, surgical fulguration
58671	Laparoscopy, surgical with ring or clip
58600	Minilap with division of fallopian tube
58615	Occlusion of fallopian tubes
Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)

Claim Form Completion:
Codes 58670, 58671,
58600, 58615

HCFA 1500 claim form: Document in the *Reserved For Local Use* field (Box 19) that the sterilization *Consent Form* (PM 284) was completed and note the date that the recipient signed the consent form.

UB-92 Claim Form: Document in the *Remarks* area (Box 84) that the *Consent Form* (PM 284) was completed and note the date that the recipient signed the consent form.

Supplies

CPT-4 <u>Code/Modifier</u>	<u>Description</u>
58670-ZN/ZM	Laparoscopy, surgical fulguration supplies
58671-ZN/ZM	Laparoscopy with occlusion of oviducts by device supplies
58600-ZN/ZM	Ligation supplies
58615-ZN/ZM	Occlusion supplies

Office Visit Codes

CPT-4 codes: 99201 – 99204, 99211 – 99214
HCPCS codes: Z9750 – Z9754

The preceding CPT-4 and HCPCS codes may be billed prior to surgery (CPT-4 codes 58670, 58671, 58600 and 58615). Postoperative core services are included as part of the surgical procedures. For information about complication services, see the *Family PACT: Benefits Package – Services and Procedures [familypact16]* section in this manual.

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS <u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room
Z7506	Use of operating room, first hour
Z7508	Use of operating room, first subsequent half-hour
Z7510	Use of operating room, second subsequent half-hour
Z7512	Use of recovery room

Anesthesiologist	Modifier -P1, -ZE: Normal healthy patient, elective surgery	
Medical Supplies/Drugs	Modifier -ZM: Non-general anesthesia Modifier -ZN: General anesthesia	
Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	80076	Hepatic function panel
	81000	Urinalysis (dipstick with microscopy)
	81001	Urinalysis (automated with microscopy)
	81002	Urinalysis (non-automated without microscopy)
	81003	Urinalysis (automated without microscopy)
	81015	Urine microscopy
	81025	Urine Pregnancy Test
	83001	FSH; restricted to women 40-years-old or older for confirmation of pre-menopausal status
	83002	LH; restricted to women 40-years-old or older for confirmation of pre-menopausal status
	85013, 85014	Hematocrit
	85018	Hemoglobin
	86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86689	HIV Confirmation
	86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86703	HIV-I and HIV-II, single assay
	86704	Hepatitis B core antibody (HBcAb)
	87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
	87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87270	Chlamydia DFA
	87285	Treponema DFA
	87320	Chlamydia EIA
	87340	Hepatitis B surface antigen (HBsAg)

<u>CPT-4 Code</u>	<u>Description</u>
87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.
88150, 88141	Pap
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.

<u>CPT-4 Code</u>	<u>Description</u>
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision.
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision.
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88302	Surgical pathology

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Other Drugs	Levonorgestrel, Ethinyl Estradiol and Pregnancy Test *	Tablets; Urine Pregnancy Test	0.25mg/0.05 mg	X7720	Kit (ea)
	Levonorgestrel *	Tablets	0.75 mg	X7722	Packet (ea)
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual for more information.				

* Restricted to a maximum quantity of one unit per dispensing with a maximum of three units in any 12-month period.

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.

**Vasectomy
(S801, S802)**

Bill with Family PACT primary diagnosis code S801 or S802.

Vasectomy procedures are billed with the following CPT-4 or HCPCS procedure codes.

The following policies apply when billing for a vasectomy (Z9780). These policies differ from Medi-Cal policies:

- The man must be 18 years old or older.
- The man must sign a sterilization *Consent Form* (PM 284) within a time period of not more than 180 days or less than 72 hours (three [3] days) before the procedure.
- Providers must document in the *Reserved For Local Use* field (Box 19) of the *HCFA 1500* or in the *Remarks* area (Box 84) of the *UB-92 Claim Form* that the *Consent Form* (PM 284) was completed and report the date that the recipient signed the consent form.
- All provider claims for sterilization services must include consent information on the claim; do not attach the consent form.

Procedure**HCPCS****Code Description**

Z5218	Collection and handling of blood specimen (when only service rendered)
Z5220	Collection and handling of blood specimen (when other services rendered)
Z9780	Vasectomy (this code for Family PACT clients only)

Claim Form Completion

HCFA 1500 claim form: Document in the *Reserved For Local Use* field (Box 19) that the sterilization *Consent Form* (PM 284) was completed and note the date that the client signed the consent form.

UB-92 Claim Form: Document in the *Remarks* area (Box 84) that the *Consent Form* (PM 284) was completed and note the date that the recipient signed the consent form.

Supplies

HCPCS

<u>Code</u>	<u>Description</u>
Z9780-ZM	Vasectomy Supplies

Office Visit Codes

CPT-4 codes: 99201 – 99203, 99211 – 99213

HCPCS codes: Z9750 – Z9754

The preceding CPT-4 and HCPCS codes may be billed prior to surgery (Z9780) with primary diagnosis of S801. Postoperative core services are included as part of the surgical procedure. For information about complications see the *Family PACT: Benefits Package – Services and Procedures (familypact16)* section in this manual.

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7506	Use of hospital examining or treatment room

Laboratory	CPT-4 Code	Description
	85013, 85014	Hematocrit
	85018	Hemoglobin
	86689	HIV Confirmation
	86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86703	HIV-I and HIV-II, single assay
	86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86689	HIV Confirmation
	86701	HIV-I. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86702	HIV-II. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86703	HIV-I and HIV-II, single assay
	86704	Hepatitis B core antibody (HBcAb)
	87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic
	87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87270	Chlamydia DFA
	87285	Treponema DFA
	87320	Chlamydia EIA
	87340	Hepatitis B surface antigen (HBsAg)
	87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	88302	Surgical pathology, for vas deferens
	89300	Semen analysis (May be billed a maximum of two times after the 30 day follow-up period in conjunction with E & M code 99211. Bill with primary diagnosis code S801.)

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual for more information.				

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.

**Infertility
(S901, S9011, S9012,
S9013, S902)**

Bill with Family PACT primary diagnosis code S901, S9011, S9012, S9013 or S902.

Fertility evaluation and limited infertility services are available to couples with reproductive health conditions that constitute medical justification to suspect infertility, typically unsuccessfully attempting pregnancy for 12 months. Appropriate documentation is to be retained in the medical record.

Infertility services other than those listed in this document are beyond the scope of Family PACT and are not covered benefits.

Infertility core procedures are billed with the following CPT-4 or HCPCS procedure codes.

Procedures
HCPCS

<u>Code</u>	<u>Description</u>
Z5218	Collection and handling of blood specimen (when only service rendered) <i>(for males and females)</i>
Z5220	Collection and handling of blood specimen (when other services rendered) <i>(for males and females)</i>

FAM supplies

See the *Family PACT: Drug and Supply List [familypact22]* section in this manual.

Office Visit Codes

CPT-4 codes for females: 99201 – 99204, 99211 – 99214

HCPCS codes for females or couples: Z9750 – Z9754

CPT-4 codes for males: 99201– 99203, 99211 – 99213

HCPCS codes for males or couples: Z9750 – Z9754

Facility Use

A Family PACT provider must have the appropriate COS to bill for facility use.

HCPCS

<u>Code</u>	<u>Description</u>
Z7500	Use of hospital examining or treatment room <i>(can be used for male patients)</i>

Laboratory	CPT-4 <u>Code</u>	<u>Description</u>
	81000	Urinalysis (dipstick with microscopy)
	81001	Urinalysis (automated with microscopy)
	81002	Urinalysis (non-automated without microscopy)
	81003	Urinalysis (automated without microscopy)
	81015	Urine microscopic
	81025	Urine Pregnancy Test (Female only)
	83001	FSH (Female only)
	83002	LH (Female only)
	84144	Progesterone (Female only)
	84146	Prolactin (Female only)
	84443	TSH (Female only)
	85007	Blood count, manual with differential (Female only)
	85008	Manual blood smear with differential parameters (Female only)
	85021	Hemogram, automated (Female only)
	85022	Hemogram, automated with manual differential (Female only)
	85023	Hemogram and platelet count, automated partial differential (Female only)
	85024	Hemogram and platelet count, automated and automated partial differential (Female only)
	85025	Hemogram and platelet count, automated and automated complete differential (Female only)
	85027	Hemogram and platelet count, automated (Female only)
	85031	Hemogram, manual (Female only)
	85651	Sedimentation rate (Female only)
	85652	Sedimentation rate automated (Female only)
	86592	VDRL, RPR. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
	86689	HIV Confirmation (for males and females)
	86701	HIV-I Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic. (for males and females)
	86702	HIV-II Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic. (for males and females)

<u>CPT-4 Code</u>	<u>Description</u>
86703	HIV-I and HIV-II, single assay (for males and females)
86704	Hepatitis B core antibody (HBcAb)
87081	GC culture. Test can be used as a GC screen in asymptomatic individuals or as a GC diagnostic test when symptomatic.
87110	Chlamydia culture. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87270	Chlamydia DFA
87285	Treponema DFA
87320	Chlamydia EIA
87340	Hepatitis B surface antigen (HbsAg)
87490	DNA probe for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87491	DNA with amplification for chlamydia. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87590	DNA probe for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87591	DNA with amplification for gonorrhea. Test can be used as a screen in asymptomatic individuals or as a diagnostic test when symptomatic.
87620	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, direct probe technique.
87621	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, amplified probe technique.
87622	HPV screening (by report with cytopathology report of ASCUS or LSIL), infectious agent antigen detection by nucleic acid (DNA or RNA): papillomavirus, human, quantification.
88150, 88141	Pap

<u>CPT-4 Code</u>	<u>Description</u>
88142	Pap, automated thin layer preparation, manual screening under physician supervision.
88143	Pap, automated thin layer preparation; manual screening and rescreening under physician supervision.
88144	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening under physician supervision.
88145	Pap, automated thin layer preparation, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88147	Pap, screening by automated system under physician supervision.
88148	Pap, cervical or vaginal; screening by automated system with manual rescreening.
88152	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88153	Pap, with manual screening and computer-assisted rescreening under physician supervision.
88154	Pap, with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
88164	Pap (the Bethesda System); manual screening under physician supervision.
88165	Pap (the Bethesda System); with manual screening and rescreening under physician supervision.
88166	Pap (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision.
88167	Pap (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision.
89320	Semen analysis, complete (Males)
89330	Sims-Huhner

Drugs and Supplies

Drug Category	Drug	Dosage Form	Strength	Clinic Code	Billing Unit
Other	Basal Thermometers			X1500	Visit
Contraceptive Barriers	Condoms	Male and Female		X1500	Visit
	Nonoxynol 9 Preparations			X1500	Visit
	Lubricating Jelly			X1500	Visit
Other	Hepatitis B Vaccine. See the <i>Family PACT: Drug and Supply List [familypact22]</i> section in this manual for more information.				

Pharmacy

See the *Family PACT: Pharmacy Procedures [familypact41]* section in this manual for the Family PACT Pharmacy Formulary.